This form must be on file with Cobb County Summer Swim League <u>before</u> first practice

COBB COUNTY SWIM LEAGUE Coaches Information Sheet

Team Name:		
Coaches Name:		
		Zip:
Phone(H)	Phone(W)	
E-mail Address:		
**Please note that lifeguard Training, from completion date. CPR is valid fo with the Cobb County Summer Swill be enforced. Please attach a copy Training, along with First-Aid and CP Other coaches are not to run practices	r only one (1) year. Current C Swim League by the first da of all certifications. Lifeguard 7 R are mandatory for head coach without a currently certified co	ertifications must be on file y of scheduled practices. This Training or Coaches Safety and assistant coaches. ach on deck.
Assistant Coaches:		
City:	State:	Zip:
Phone(H)	Phone(W)	
E-mail Address:		
Assistant Coaches:		
Address:		
City:	State:	Zip:
Phone(H)	Phone(W)	
E-mail Address:		
Other Assistant Coaches:		